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FORM TO BE USED BY A PRISONER FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

BY

DEPUTY

FEB - 1 2016

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLANDCLERK U.S. DISTRICT COURT  
DISTRICT OF MARYLAND  
BY  
DEPUTYShateek Amin Bilal42 USC § 1983  
Section 504 of  
The Rehabilitative Act  
A.D.A.(Full name, prison identification  
number and address of the plaintiff)Wexford Health Sources Inc.  
MARYLAND DEPT. OF CORRECTION  
BALTIMORE CITY DETENTION CENTER  
BALTIMORE COUNTY DEPT. OF CORRECTION  
JOHN DOE #1 JOHN DOE #2  
JOHN DOE #3 JOHN DOE #4Civil Action No. PWG-16-294  
(Leave blank on initial filing to be filled in by Court.)

(Full name and address of the defendant(s))

COMPLAINT**I. Previous lawsuits**

- A. Have you filed other cases in state or federal court dealing with the same facts as
- 
- in this case or against the same defendants?

YES ☐NO ☒

- B. If you answered YES, describe that case(s) in the spaces below.

1. Parties to the other case(s):

Plaintiff: \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court (if a federal court name the district; if a state court name the city or county): \_\_\_\_\_
3. Case No.: \_\_\_\_\_
4. Date filed: \_\_\_\_\_
5. Name of judge that handled the case: \_\_\_\_\_
6. Disposition (won, dismissed, still pending, on appeal): \_\_\_\_\_  
\_\_\_\_\_
7. Date of disposition: \_\_\_\_\_

**II. Administrative proceedings**

- A. If you are a prisoner, did you file a grievance as required by the prison's administrative remedy procedures?

YES ☐ NO ☐

1. If you answered YES:

a. What was the result? \_\_\_\_\_  
\_\_\_\_\_

b. Did you appeal?

YES ☐ NO ☐

2. If you answered NO to either of the questions above, explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Statement of claim**

(Briefly state the facts of your case. Include dates, times, and places. Describe what each defendant did or how he/she is involved. If you are making a number of related claims, number and explain each claim in a separate paragraph.)


1. ON OR ABOUT 8/12/14 I WAS DETAINED IN THE BALTIMORE D.O.C. ON LAGER ST.
2. UPON ADMISSION I INFORMED THE MEDICAL STAFF THAT I WAS EPILEPTIC
3. UPON GOING TO THE HOUSING AREA I INFORMED JOHN DOE #1 CORRECTIONAL OFFICER AS WELL AS JOHN DOE / JANE DOE MEDICAL STAFF ABOUT MY NEED FOR MY EPILEPSY MEDICATION TO NO AVAIL. DESPITE NUMEROUS COMPLAINTS TO JOHN DOE MEDICAL & SECURITY STAFF I RECEIVED NO MEDS AND REMAINED ASSIGNED TO A TOP BUNK. I SUFFERED A SEIZURE ON TWO (2) DIFFERENT OCCASIONS IN TWO DIFFERENT HOUSING LOCATIONS. I SUFFERED BACK, HEAD AND NECK INJURIES

**IV. Relief**

AS A RESULT  
(State briefly what you want the Court to do for you.)

PUNITIVE DAMAGES IN THE AMOUNT OF 100,000 DOLLARS.  
COMPENSATORY DAMAGES IN THE AMOUNT OF 100,000 DOLLARS.

SIGNED THIS 25<sup>th</sup> day of, JANUARY, 2016.

  
(original signature of plaintiff)

2161 BARNES AVE #6B  
BRONX NEW YORK 10462

\_\_\_\_\_  
(address of plaintiff)